HEALTH BRIEF

WOMEN'S HEALTH IN MASSACHUSETTS

July 2005

Racial and Ethnic Disparities in Women's Preventive Health Practices

BACKGROUND

Lack of health care insurance is the single most important barrier to health care services for all Americans,[1] and this lack has spurred initiatives to create community-based safety net programs.[1] The Massachusetts Department of Public Health Women's Health Network (WHN) is a community-based safety net program that provides breast and cervical cancer screening and cardiovascular preventive services to uninsured low-income women 40-64 years of age.[2]

Preventive care holds the promise of greatly reducing health care costs and the overall burden of disease. Yet racial/ethnic disparities in access and use of preventive health services persist in the U.S.[3,4,5] The reasons for these disparities are varied, complex, and the subject of considerable investigation.

Since 1992, Black-White differences in screening for breast and cervical cancers have greatly diminished, but Hispanic women are still much less likely than White women to be screened using mammography or the Pap test.[6] Vietnamese women also have lower rates of cancer screening than White women.[7,8] Obstacles to preventive medical care for Hispanic and Vietnamese women include the shortage of culturally appropriate services and the lack of health insurance.

In addition, compared to White women, Black women are more likely to die from heart disease, diabetes and stroke.[2] This disparity in mortality has been attributed in part, to Black-White differences in access to care for routine screenings for high blood pressure and high cholesterol,[2] the lower likelihood that Black women diagnosed with chronic heart disease will receive specialized care,[2] and discrimination toward minority patients in the health care system.[9]

ABOUT THIS HEALTH BRIEF

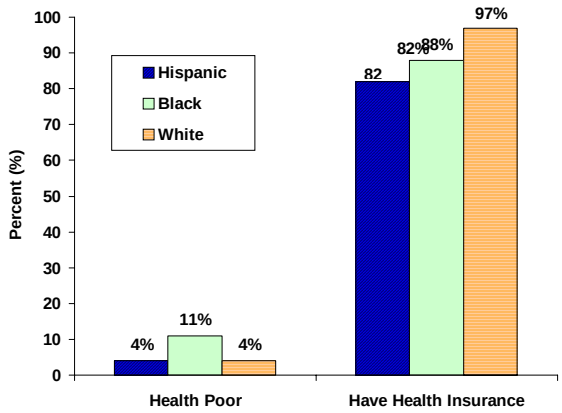
This health brief explores racial and ethnic disparities in preventive health practices among women 40 years and older in Massachusetts. It examines differences in health status, health insurance coverage, breast and cervical cancer screening, and cardiovascular risk factors among three racial/ethnic groups of women: Black non-Hispanic White non-Hispanic, and Hispanic. Through- out this document, the Black non-Hispanics will be referred to as 'Blacks' and White non-Hispanics will be referred to as 'Whites'. This report uses data from a statewide population-based telephone health survey, the Behavioral Risk Factor Surveillance System (BRFSS)[1011], for information on Black, White, and Hispanic women. Asian women sampled through the same survey have been excluded from this document due to inadequate sample sizes. The document also includes data on Vietnamese women from the 2001 Massachusetts Community Survey.

Health Status and Health Insurance Coverage

Important differences in reported health status exist across the three groups of women, White, Black and Hispanic origin. Only 4% of White and Hispanic women reported being in poor health while 11% of Black women report poor health.

FIGURE 1

Health status and health insurance coverage by race/ethnicity among Massachusetts women, 2001 (40+ years)



Source: MA BRFSS 2001, Health and Well-Being of the Massachusetts Vietnamese Community, 2001.

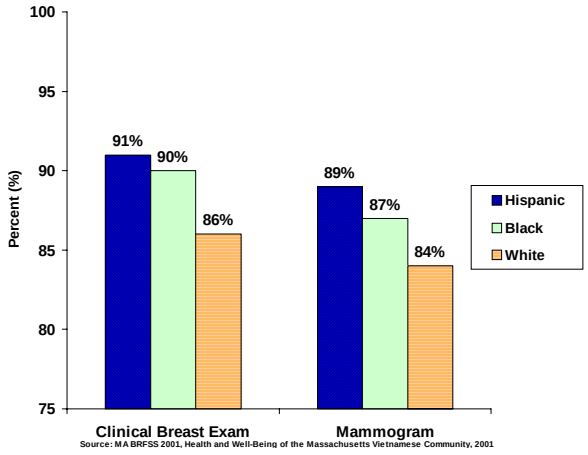
Health insurance coverage varies considerably across the three groups of women. While 97% of White women reported having health insurance, 88% of Black, and 82% of Hispanic women reported they had health insurance. This is above the national rate of 15% of Americans without health insurance, and well above the rate for non-Hispanic Whites (10%).

Cancer Screening

Early detection is critical for effective treatment and management of breast and cervical cancers. BRFSS data indicate that most women of all races appear to get routine screening for breast and cervical cancers according to national standards of care. A high percentage of Black and Hispanic women reported having a clinical breast exam in the past two years. A slightly lower percentage of White women had a recent breast exam (Figure 2). Mammography screening rates showed a similar pattern of higher screening rates with 89% of Hispanic, 87% of Black and 84% of White women reporting a mammogram in the past 2 years. All three groups met the Healthy People 2010 objective that 70% of women receive mammography screening in the past two years.

FIGURE 2

Clinical breast exam and mammography screening in past two years by race/ethnicity among Massachusetts women, 2001 (40+ years)



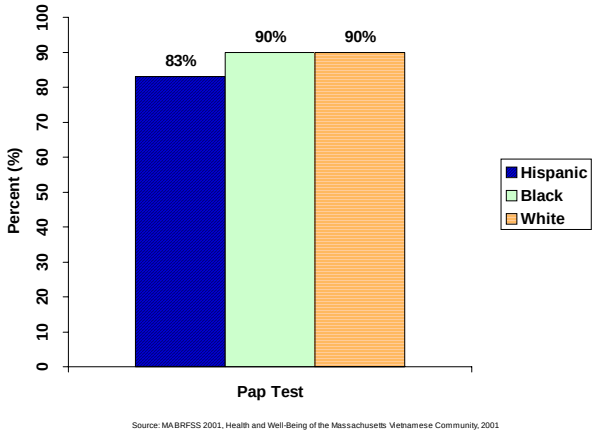
Healthy People 2010 Goals

Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years. **Target:** 70%

While 90% of Black and White women reported having a Pap test screening in the past three years, 83% of Hispanic women reported having done so (Figure 3).

FIGURE 3

Pap test screening in past three years by race/ethnicity among Massachusetts women, 2001 (40+ years)



Healthy People 2010 Goals

Increase the proportion of women who receive a Pap test (ages 18 and older). **Target:** 97%

Cardiovascular Risk Factors by Race/Ethnicity

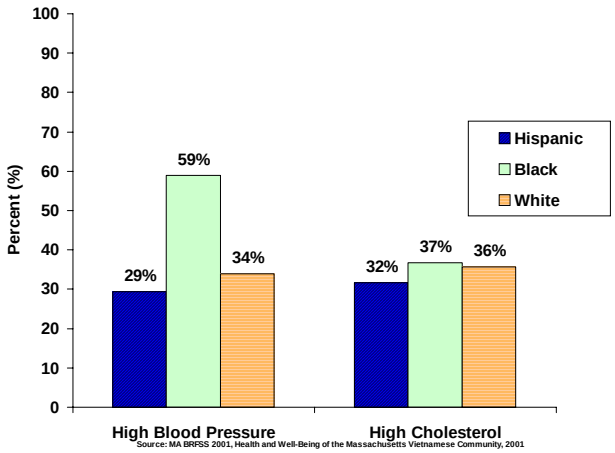
We examined five risk factors for cardiovascular disease: high blood pressure, high blood cholesterol, tobacco use, diabetes and weight and found important differences across the three groups of women (Figures 4-6).

We found that a self-reported medical diagnosis of high blood pressure was much more common among Black women than women of other racial/ethnic groups (59%). High blood pressure is a major risk factor for many chronic health conditions, including heart disease, heart attack, kidney failure, vision loss, and stroke.[12]

One-third of Hispanic women, 37% of Black women, and 36% of White women reported that a doctor told them they had high blood cholesterol (a fat-like substance in the blood). People with high cholesterol levels are at twice the risk of developing heart disease and stroke.[13]

FIGURE 4

Ever told by a health care provider have high blood pressure or high cholesterol, by race/ethnicity, among Massachusetts women, 2001 (40+ years)



Healthy People 2010 Goals

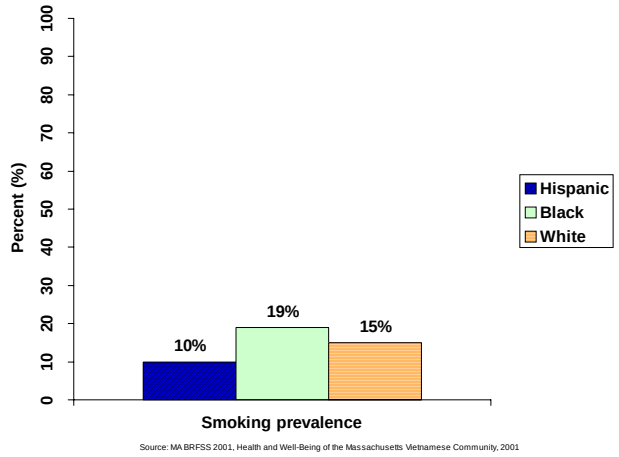
Reduce the proportion of adults with high blood pressure: **Target:** 16%

Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high. **Target**: 95%

While current smoking was not common among Hispanic women, nearly 20% of Black women and 15% of White women reported that they currently smoke. Smoker's rates of heart disease and stroke are two to four times higher than those of nonsmokers [12].

FIGURE 5

Smoking prevalence by race/ethnicity among Massachusetts women, 2001 (40+ years)

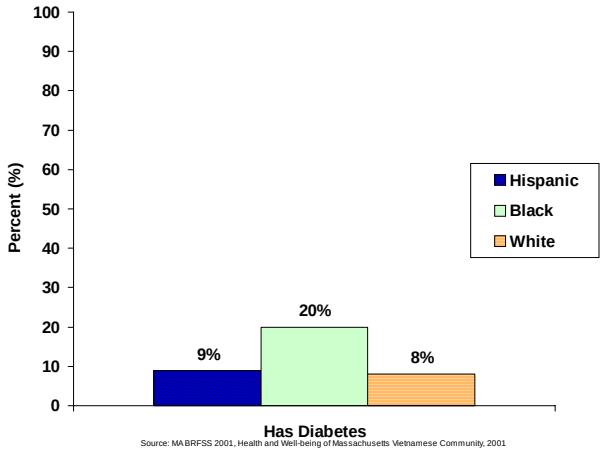


Healthy People 2010 Goals

Reduce the proportion of adults ages 18 years and older who use tobacco (cigarette smoking, spit tobacco, cigars). **Target:** 12%

FIGURE 6

Diabetes prevalence by race/ethnicity, among Massachusetts women, 2001 (40+ years)



Healthy People 2010 Goals

Reduce the number of new cases of diabetes. **Target**: 2.5 new cases per 1,000 population per year. Data shown in the graph display diabetes prevalence as a percent of the population.

Among Massachusetts women, the prevalence of diabetes was higher for Black (20%) women than Hispanic (9%) women or White (8%) women. Type 2 diabetes is far more common than type 1: 90% of people with diabetes have type 2 diabetes and the risk of developing type 2 diabetes increases with age.

Weight Status

We found important differences in the prevalence of obesity by race. Black women had the highest prevalence of obesity (38%), followed by Hispanic women (27%), and White women (17%).

Overweight and obesity increase the likelihood of type 2 diabetes, high blood pressure, and high cholesterol, all of which are risk factors for cardiovascular disease[13, 14] Obesity also increases the risk of premature death from coronary heart disease in women and men, and endometrial cancer in women.[15]

Multiple Risk Factors: High Cholesterol, High Blood Pressure, Diabetes, and Smoking Status.

Black women were more likely than other women to have multiple (two or more) risk factors associated with cardiovascular disease (data not shown). Analyzing data for high cholesterol, high blood pressure or presence of smoking or diabetes, we found that 41% of Black women, 26% of White women and 24% of Hispanic women had two or more risk factors for heart disease.

2001 Massachusetts Community Health Survey

Because data on the health of Asian women was not available from the BRFSS, the Massachusetts Department of Public Health conducted a survey of the Vietnamese community in 2001. The 2001 Massachusetts Community Heath Survey was a face-to-face, in-home interview conducted with a convenience sample of Vietnamese living in central Massachusetts. Survey questions came from the MA BRFSS in order to compare information on chronic diseases and preventive health practices. The survey was translated into Vietnamese, back translated into English, and retranslated into Vietnamese. With two exceptions, all respondents chose to do the survey in Vietnamese. There were 275 women respondents to the Community Survey and 59.6% were age 40 and older. The community survey used a convenience sample and thus data presented is not generalizable to all Vietnamese women of Massachusetts.

Among Vietnamese women 40 years of age and older who responded to the survey reported the following:

- 32% had poor health
- 93% had health insurance
- 81% had a clinical breast exam in the past two years
- 81% had a mammogram in the past two years
- 76% had a Pap test screening in the past three years
- 29% had been told by a health care provider they had high blood pressure
- 16% had been told by a health care provider they had high cholesterol
- 17% had been told by a health care provider they had diabetes
- 6% reported smoking

The finding that 93% of Vietnamese women had health insurance may be specific to this study. The 2001 Massachusetts Community Health Survey of Vietnamese study sample was recruited primarily from a health center. A 2002 report by the not-for-profit organization, Families USA, found that more than one-third of Vietnamese in the United States do not have health insurance (37%).[8]

Even though the majority of Vietnamese women had health insurance, they were less likely to have had a clinical breast exam, mammography screening, or a Pap test than women of other races reported through the BRFSS. Vietnamese women often face culture and language barriers when seeking health care, which can complicate communication with health care providers, and compromise continuity of and satisfaction with care. [14]

The findings reported here demonstrate the benefits of using multiple data sources to better understand health disparities. While monitoring health disparities is not sufficient to eliminate them, surveillance is necessary for planning and implementing interventions to reduce disparities in health status and access to care.

Program notes

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

In 1990, as part of the Public Law 101-354, the United States Congress authorized funding for a national screening program for breast and cervical cancer with the aim of reducing mortality from breast and cervical cancers by offering routine mammography and Pap smear testing to medically underinsured and uninsured women. The National Breast and Cervical Cancer Early Detection Program (NBCCEDP), administered by the Centers for Disease Control and Prevention (CDC), provides states with funds to cover free mammography and Pap test screenings and some diagnostic tests. NBCCEDP screening programs are in 50 states, the District of Columbia, 6 U.S. territories, and 15 American Indian/Alaska Native tribal organizations. The CDC-funded breast and cervical cancer screening program in Massachusetts is the Women's Health Network.

Additional information on NBCCEDP is available at: http://www.cdc.gov/cancer/nbccedp/.

WISEWOMAN

The WISEWOMAN program, **W**ell-**I**ntegrated **S**creening and **E**valuation for **Wom**en **A**cross the **N**ation, is administered through CDC's Division of Nutrition and Physical Activity. The WISEWOMAN program provides low-income, under-insured and uninsured women aged 40–64 years with chronic disease risk factor screening, lifestyle intervention, and referral services in an effort to prevent cardiovascular disease. CDC funds 15 WISEWOMAN projects, which operate on the local level in states and tribal organizations. Projects provide standard preventive services including blood pressure and cholesterol testing, and programs to help women develop a healthier diet, increase physical activity, and quit using tobacco.

The Women's Health Network (WHN)

The Women's Health Network (WHN) is a Massachsuetts public health initiative that provides screening to income-eligible women for early detection of breast and cervical cancer and a lifestyle intervention program for heart disease and stroke prevention. WHN provides these services by combining two programs funded by the Centers for Disease Control and Prevention (CDC): The National Breast and Cervical Cancer Early Detection Program and **W**ell-**I**ntegrated **S**creening and **E**valuation for **Wom**en **A**cross the **N**ation. Clinicians found that women who entered the Breast and Cervical program often suffered from other chronic diseases. A cooperative agreement between the Massachusetts Department of Public Health and the CDC established the combined program. The program serves women who traditionally experience significant barriers to health care and those most at risk of breast and cervical cancer and cardiovascular disease. Mortality from these diseases occurs disproportionately among women of racial and ethnic minority and rises with age. Between September of 1993 and November of 2004, WHN enrolled and screened over 77,000 women and diagnosed 919 in situ / invasive breast cancers, 302 atypia (abnormal cell) breast disorders, 1396 cervical disorders and 258 in situ/invasive cervical cancers.

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